REGISTRATION FORM
13th Faculty of Dentistry Symposium
“Pain: Inter – Connections in Dentistry and Medicine”
27 & 28 January 2018, Grand Copthorne Waterfront Hotel Grand Ballroom

Your Particulars
NAME (IN BLOCK) DR/MR/MS

MAILING ADDRESS

COUNTRY OF RESIDENCE

MOBILE NO

OFFICE NO

EMAIL

Registration Fees

<table>
<thead>
<tr>
<th>SYMPOSIUM</th>
<th>EARLY BIRD REGISTRATION (Before 30 Nov 2017)</th>
<th>REGISTRATION</th>
<th>ON-SITE REGISTRATION</th>
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<tbody>
<tr>
<td>[ ] DENTIST/DOCTOR/CLINICIAN-SCIENTIST</td>
<td>S$380</td>
<td>S$450</td>
<td>S$500</td>
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<td>DCR/MCR No.</td>
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<tr>
<td>[ ] DENTAL/MEDICAL AUXILIARY/NURSING/ALLIED HEALTH</td>
<td>S$280</td>
<td>S$300</td>
<td>S$350</td>
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<td>[ ] FULL-TIME DENTAL/*MEDICAL/NURSING/ALLIED HEALTH</td>
<td>S$230</td>
<td>S$250</td>
<td>S$300</td>
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<td>STUDENT MATRICULATION NO.</td>
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<td>*PLEASE SUBMIT PROOF OF STUDENT STATUS AT REGISTRATION</td>
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Method of Payment

PLEASE CHECK ONE

[ ] CHEQUE (made payable to National University of Singapore)

BANK/CHEQUE NO

AMOUNT

[ ] VISA / MASTERCARD* (delete accordingly)

CARDHOLDER NAME

CARD NO

EXPIRY DATE

AMOUNT

SIGNATURE

Complete Your Registration

MAIL TO 13th Faculty of Dentistry Symposium Secretariat OR FAX TO (65) 6779 6520

Faculty of Dentistry
11 Lower Kent Ridge Road
Singapore 119083

All registrations must reach the secretariat latest by 31 December 2017. Any cancellations have to be made in writing. A cancellation fee of S$50 will be charged for all cancellations requested on or before 31 December. There will be no refunds after 31 December 2017. Please photocopy this form should there be more than one participant. For any enquiries, please email fodsymposium@nus.edu.sg or visit the Faculty website at www.dentistry.nus.edu.sg for more information.